

EDI TRANSACTION APPLICATION

(Providers and Clearinghouse/Vendors)

1. TRADING PARTNER INFORMATION

* = required fields

Trading Partner Name* _____
Street Address 1* _____
Street Address 2* _____
City* _____
State* _____
Zip* _____
Contact Name* _____
Telephone Number* _____
Office Fax Number* _____
E-mail Address _____
Federal Tax ID/Social Security Number* _____

Trading Partner Type*:

- Clearinghouse/Billing Service
- Software Vendor/Developer
- Dental Provider: please provide United Concordia Provider ID* _____

2. REQUEST TYPE

- Assign a NEW Trading Partner Number
- Update existing Trading Partner - # _____ and Login _____

3. TRANSMISSION MODE/PROTOCOL

- Internet – File Transfer Protocol (FTP)

4. TRANSACTIONS (check all that apply)

- | | | | |
|------------------|----------------------------------|----------------------------------|----------------------------------|
| Batch | <input type="checkbox"/> 837 D/P | <input type="checkbox"/> 835 | |
| Real Time | <input type="checkbox"/> 837 D/P | <input type="checkbox"/> 276/277 | <input type="checkbox"/> 270/271 |